

Case Number:	CM14-0042802		
Date Assigned:	06/30/2014	Date of Injury:	06/04/2010
Decision Date:	07/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is 44 year old female who sustained a work related injury on 6/4/2010. MRI shows a tear in the mensicus, posterior cruciate ligament, and mild quadricep tendonitis. Xrays show mild discogenic spondylosis L5-S1 and a lumbosacral transitional segment. Per a PR-2 dated 3/8/2014, the claimant has left knee and left ankle and foot pain. The claimant states that topical creams and medications help. McMurrays are positive. Her diagnoses are status post surgery of the left knee and left foot plantar fasciitis. She is working full duty. Prior treatment includes physical therapy, surgery, and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 2xwkx4wks left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial trial of acupuncture consists of six visits. A request for eight visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant

improvement in activities of daily living or a reduction in work restrictions. If there has been prior acupuncture, there is no documented functional improvement to justify more visits.